Michigan Department of Treasury 44 (Rev. 9-04)

Application for Assessor Certification

This form is issued under the authority of the General Property Tax Law, P.A. 206 of 1893, Sec. 211.10d. Filing is voluntary.

INSTRUCTIONS: Print or Type All Information. This Application must be submitted in DUPLICATE (Original plus attached duplicate).

Index Number: 04206

1. Name			4. Office Phone Number	Home Telepho	one Number	Fax Number	
2. Office Address	5. Title						
City	State	ZIP Code	6. Unit of Government				
3. Home Address	•	1	7. County				
City	State	ZIP Code	8. Have you previously held Yes	iously held a Michigan Assessor Certificate?			
9. Social Security Number		10. Driver's License Number	10. Driver's License Number		11. Mailing Address To Be Home Office		
requirements. An application check or money order payabl Mail completed application to: State Assessors Board Treasury Building Lansing, Michigan 48922 CERTIFICATION	e to: 'STAT	E OF MICHIGAN'.		ieu and is f	iot refund	abie. Make your	
Application is hereby made to the	ne State Ass	essors Board for Certi	fication at Level				
Signature of Applicant					Date		
		OFFICE	USE ONLY				
Level Requested	Level Require	ed	Level Recommended	Recommended		ed	
Certificate Number		Level Issued		Date Issued			
Examination at Level:			Notes:				
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